**Application or Docket Number** 

| TOTAL CHARGEABLE CLAIMS  ininus 20= * 17  INDEPENDENT CLAIMS  ininus 3 = *   | 740.00                          |
|--|---------------------------------|
| FOR NUMBER FILED NUMBER EXTRA  TOTAL CHARGEABLE CLAIMS   | 740.00 PHAN NTITY ADDITIONAL    |
| TOTAL CHARGEABLE CLAIMS  ininus 20= * 17  INDEPENDENT CLAIMS  ininus 3 = *   | ADDI-                           |
| MULTIPLE DEPENDENT CLAIM PRESENT  * If the difference in column 1 is less than zero, enter "0" in column 2  * CLAIMS AS AMENDED - PART II  * Claims   Claims | HAN<br>NTITY<br>ADDI-<br>TIONAL |
| MULTIPLE DEPENDENT CLAIM PRESENT  * If the difference in column 1 is less than zero, enter "0" in column 2  * CLAIMS AS AMENDED - PART II  * Claims   Claims | HAN<br>NTITY<br>ADDI-<br>TIONAL |
| * If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II  CCOlumn 1)  CLAIMS  CLAIMS  HIGHEST  CON +280=  TOTAL  OR TOTAL  OR TOTAL  OR TOTAL  OR TOTAL  OR ADDI-   | HAN<br>NTITY<br>ADDI-<br>TIONAL |
| CLAIMS AS AMENDED - PART II  (Column 1)  (Column 2)  (Column 3)  CLAIMS  OTHER T  SMALL ENTITY  OR  SMALL EI  ADDI-  | HAN<br>NTITY<br>ADDI-<br>TIONAL |
| 2/28/09 (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL | ADDI-<br>TIONAL                 |
| CLAIMS HIGHEST ADDI-   | TIONAL                          |
| AFTER PREVIOUSLY EXTRA FEE FEE   |                                 |
| Total + / 9 Minus ++ = X\$ 9= OR X\$18=  |                                 |
| REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR EXTRA  Total   |                                 |
| FIRST PRESENTATION OF MOLTIFLE DEPENDENT COMM  |                                 |
| TOTAL  |                                 |
| ADDIT. FEEOR ADDIT. FEE L  |                                 |
| (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST ADDI-   | ADDI-                           |
| M REMAINING NUMBER PRESENT DATE TIONAL DATE  | TIONAL<br>FEE                   |
| Total  |                                 |
| AFTER AMENDMENT PAID FOR EXTRA  Total  |                                 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= OR +280=  |                                 |
| TOTAL ADDIT. FEE OR ADDIT. FEE   |                                 |
| (Column 1) (Column 2) (Column 3)   |                                 |
| Total  | ADDI-<br>TIONAL<br>FEE          |
| ▼ Total  |                                 |
| Independent • Minus • X42= OR X84=   |                                 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  +140= OR +280=   |                                 |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** ADDIT. FEE  ** TOTAL ADDIT. FEE   |                                 |